March 18th, 2008

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: X Practitioners associated with the Customer Number: 26371 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Name Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Palent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: X 26371 Firm or Individual Name Address City Zip State Country Telephone Email Assignee Name and Address: IMI Intelligent Medical Implants AG Gotthardstrasse 3 Zug, Switzerland CH-6304 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

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Managing Director

A. Moore

SIGNATURE of Assignee of Record
The individual whose signature and file is supplied below is authorized to act on behalf of the assignee

Date

Telephone

Signature

J. McCofmack

Chairman

Name

Title